

SICK CALL REQUEST

DATE 11/16/00 TIME 6:30 PM HOUSING UNIT/CELL #2 cell 12INMATE NAME Gregory Vargas NUMBER CS-4471 WORK SITE _____

COMPLAINT yes i have a headache that pounding in my head. its making my right eye shut and its blurry. Also blood is running out my nose. i have a cold sore on my lip. I still have the lump on my right side of my
☒ MEDICAL ☐ DENTAL for heral.

I understand that this Sick Call **WILL** be subject to the fees contained in Regulation 37, PA Code 93.12 ET.SEQ.

Inmate Signature

Gregory VargasRECEIVED
SCRANTON

CC:File

11/16/00

PLACE THIS REQUEST FORM IN THE LOCKED
MEDICAL BOX ON THE HOUSING UNIT

JAN 4 2001

For Medical Department Use Only - Do Not Write Below This Line

MARY E. D'ANDREA, CLERK
DEPUTY CLERK

CHARGE ENTERED		DATE	BOOKKEEPER
<div style="text-align: center;"> DC-138A CASH SLIP </div> <div style="text-align: right;"> COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS </div>			
1. REQUISITIONING INMATE			
INSTITUTIONAL NUMBER		LOCATION	DATE
2. RECEIVING INMATE			
INSTITUTIONAL NUMBER		LOCATION	DATE
3. ITEMS TO BE CHARGED TO MY ACCOUNT			
MEDICAL/DENTAL CO-PAY			
Sick Call			
Inmate Request			\$2.00
Staff Request or Referral			NO CHARGE
Evaluation at Housing Unit/Other			\$2.00
New Medications		Number Ordered	X \$2.00 each medication =
Injury/Accident			
Sports Participation			\$2.00
Inmate Negligence Work Related			\$2.00
Assaultive			\$2.00
Self-Inflicted			\$2.00
Self-Inflicted Follow-Up			\$2.00
Refusal to Eat (each visit)			\$2.00
Non-Compliance			\$2.00
Other			
Sports Clearance (Inmate Request)			\$2.00
Telemedicine Exam			\$2.00
(in conjunction with Policy 13.2.12)			
TOTAL CHARGE			
4. INMATE'S SIGNATURE		5. OFFICIAL APPROVAL	
6. BUSINESS OFFICE'S SPACE			

CC: Dr Ronald Long / File

ATTACHMENT I

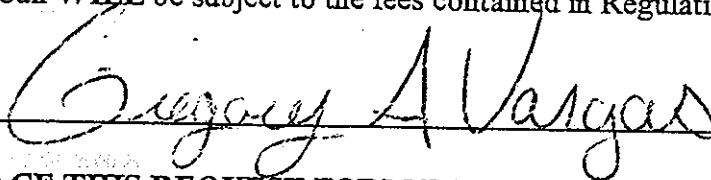
SICK CALL REQUEST

DATE 11/26/00 TIME 11:30 AM HOUSING UNIT/CELL H2 - Cell 15INMATE NAME Gregory A. Vargas NUMBER CS-4471 WORK SITE

COMPLAINT Dr. Long I have been having headaches since Oct 17th incident
were my right ear has been starting to give me problems I've been complaining
to P/A Hoffman but He told me to go to commissary for medicine. I have yellow
stuff and blood coming out my right ear where I had a surgery done on my right
ear and I have a lump on my right side of my for head and behind my right ear
were giving me pain ☒ MEDICAL ☐ DENTAL
I need treatment.

I understand that this Sick Call **WILL** be subject to the fees contained in Regulation 37, PA Code 93.12
 ET.SEQ.

Inmate Signature



PLACE THIS REQUEST FORM IN THE LOCKED
 MEDICAL BOX ON THE HOUSING UNIT

For Medical Department Use Only - Do Not Write Below This Line

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL/DENTAL CO-PAY					
Sick Call Inmate Request \$2.00 Staff Request or Referral NO CHARGE Evaluation at Housing Unit/Other \$2.00 New Medications..... Number Ordered <input checked="" type="checkbox"/> X \$2.00 each medication = Injury/Accident Sports Participation..... \$2.00 Inmate Negligence Work Related..... \$2.00 Assaultive..... \$2.00 Self-Inflicted..... \$2.00 Self-Inflicted Follow-Up..... \$2.00 Refusal to Eat (each visit)..... \$2.00 Non-Compliance..... \$2.00 Other Sports Clearance (Inmate Request)..... \$2.00 Teleaudiological Exam..... \$2.00 (in conjunction with Policy 13.2.12)					
4. INMATE'S SIGNATURE		5. OFFICIAL APPROVAL			
TOTAL CHARGE					
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED	DATE	BOOKKEEPER			

ATTACHMENT I

SICK CALL REQUEST

DATE 11/30/00 TIME 6:30 PM HOUSING UNIT/CELL H2 Cell 15INMATE NAME Gregory Vargas NUMBER CS4471 WORK SITE XCOMPLAINT I have pain in my head need medicine and ear acheX MEDICAL I need medicine DENTALI understand that this Sick Call **WILL** be subject to the fees contained in Regulation 37, PA Code 93.12 ET.SEQ.

Inmate Signature

Gregory VargasPLACE THIS REQUEST FORM IN THE LOCKED
MEDICAL BOX ON THE HOUSING UNIT

For Medical Department Use Only - Do Not Write Below This Line

cc: medical / File

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL/DENTAL CO-PAY					
Sick Call Inmate Request..... \$2.00 Staff Request or Referral..... NO CHARGE Evaluation at Housing Unit/Other..... \$2.00 New Medications..... Number Ordered <u>X</u> \$2.00 each medication = _____					
Injury/Accident Sports Participation..... \$2.00 Inmate Negligence Work Related..... \$2.00 Assaultive..... \$2.00 Self-Inflicted..... \$2.00 Self-Inflicted Follow-Up..... \$2.00 Refusal to Eat (each visit)..... \$2.00 Non-Compliance..... \$2.00					
Other Sports Clearance (Inmate Request)..... \$2.00 Telebiocular Exam..... \$2.00 (in conjunction with Policy 13.2.12)					
TOTAL CHARGE _____					
4. INMATE'S SIGNATURE			5. OFFICIAL APPROVAL		
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED	DATE	BOOKKEEPER			

SICK CALL REQUEST

DATE 12/17/01 TIME 4:00 PM HOUSING UNIT/CELL H2 cell 15INMATE NAME Gregory A Vargas NUMBER #CS4471 WORK SITE _____

COMPLAINT: yes my right ear still hurts and its giving me pain and making my head pound my whole ear is sore I haven't been able to sleep on my right side for some time know I would like to know whats wrong with my ear and why was my ear drops taken away. I have read online And All I hear is like echoes and like air running ☒ MEDICAL ☐ DENTAL

I understand that this Sick Call WILL be subject to the fees contained in Regulation 37, PA Code 93.12 ET.SEQ.

Inmate Signature

Gregory A. Vargas

PLACE THIS REQUEST FORM IN THE LOCKED
MEDICAL BOX ON THE HOUSING UNIT

For Medical Department Use Only - Do Not Write Below This Line

DC-138A		CASH SLIP		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
1. REQUISITIONING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
2. RECEIVING INMATE					
INSTITUTIONAL NUMBER		LOCATION		DATE	
3. ITEMS TO BE CHARGED TO MY ACCOUNT					
MEDICAL/DENTAL CO-PAY					
Sick Call Inmate Request \$2.00 Staff Request or Referral NO CHARGE Evaluation at Housing Unit/Other \$2.00 New Medications Number Ordered <u>X</u> \$2.00 each medication = _____					
Injury/Accident Sports Participation \$2.00 Inmate Negligence Work Related \$2.00 Assaultive \$2.00 Self-Inflicted \$2.00 Self-Inflicted Follow-Up \$2.00 Refusal to Eat (each visit) \$2.00 Non-Compliance \$2.00					
Other Sports Clearance (Inmate Request) \$2.00 Telebinocular Exam \$2.00 (in conjunction with Policy 13.2.12)					
TOTAL CHARGE _____					
4. INMATE'S SIGNATURE			5. OFFICIAL APPROVAL		
6. BUSINESS OFFICE'S SPACE					
CHARGE ENTERED	DATE	BOOKKEEPER			

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598RECEIVED
SCRANTON

JAN 4 2001

OFFICIAL INMATE GRIEVANCE

MARY E. DIANDREA, CLERK
GRIEVANCE NUMBER 7111 - DEPUTY CLERK

TO: GRIEVANCE COORDINATOR <i>Ms Burks</i>	INSTITUTION <i>SCI Smith Field</i>	DATE <i>11/15/00</i>
FROM: (Commitment Name & Number) <i>Gregory A Vargas #CS4471</i>	INMATE'S SIGNATURE <i>Gregory A Vargas</i>	
WORK ASSIGNMENT <i></i>	QUARTERS ASSIGNMENT <i>H2 Cell 12</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

*yes my grievance is against P/A Hoffman and Dr long M.D.
I'm being charge #2.00 for no reason. I've wrote Doctor long
Asking him if i can be given pain medicine for my head. Because
An incident happen to me Oct 17th that i fell out and i recieved
a lump on my head. I wrote long i have no funds to go to commissary
and buy pain medication. I would like if i can recieve medicine
thru medical for my head aches. Nothing was said about my request.
Last week i told long when he came to see someone on the BIR that
what happen to my requests he said he was going to see me this week but
nothing ^{happen} ive signed up for sick call 3 times and on 15th i put
another one to be seen on the 16th. And P/A Hoffman said go to
commissary. why, i have no money. So what they trying to say since i have no
money i can't get medicine thru medical & i
he said to go to commissary and i was charged
for nothing.*

B. Actions taken and staff you have contacted before submitting this grievance:
RHULt but nothing was responded on my request.

*SGT Henney he kept telling me to sign up for sick call
Ticoni because i had asked them why wasn't i seen that medical told
me they didn't recieve sick call when ticoni said i put one in and Nurse Kelly*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

*She even said she seen my sick call
slip but was still denied and my
sick call was thrown away
11-22-00*

Sharon M. Burks

Signature of Grievance Coordinator

Date

PA DEPT. OF CORRECTIONS
BUREAU OF DATA PROCESSING
REMOTE PRINT TIME 10:16

INMATE ACCOUNTS SYSTEM
ACCOUNT STATEMENT

RUN IAS410
DATE 12/11/2000
PAGE 1

CURR. INST SC1S4
ACCT. STATUS OPEN

INMATE NUMBER	NAME LAST	FIRST	MI	OLD BALANCE
CS4471	VARGAS	GREGORY	A	-29.90

BATCH #	DATE MO DY YEAR	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	BALANCE AFTER TRANSACTION
2602	11-08-2000	41 MEDICAL CO-PAY	-2.00	-31.90
2602	11-08-2000	41 MEDICAL CO-PAY	-2.00	-33.90
2635	11-15-2000	41 MEDICAL MEDICAL CO-PAY PE 11/13/00	-2.00	-35.90
2635	11-15-2000	41 MEDICAL MEDICAL CO-PAY PE 11/13/00	-2.00	-37.90
2685	11-22-2000	41 MEDICAL CO-PAY	-2.00	-39.90

PAGE 1
9-A-1002INMATE ACCOUNTS SYSTEM
MONTHLY ACCOUNT STATEMENT12-04-2000
1225S

INMATE NUMBER CS4471	NAME LAST VARGAS	FIRST GREGORY	MI A	OLD BALANCE -29.90
----------------------------	------------------------	------------------	---------	-----------------------

BATCH #	DATE MO DY YEAR	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	BALANCE AFTER TRANSACTION
2602	11-08-2000	41 MEDICAL CO-PAY	-2.00	-31.90
2602	11-08-2000	41 MEDICAL CO-PAY	-2.00	-33.90
2635	11-15-2000	41 MEDICAL MEDICAL CO-PAY PE 11/13/00	-2.00	-35.90
2635	11-15-2000	41 MEDICAL MEDICAL CO-PAY PE 11/13/00	-2.00	-37.90
2685	11-22-2000	41 MEDICAL CO-PAY	-2.00	-39.90
2711	12-01-2000	41 MEDICAL CO-PAY	-2.00	-41.90

NEW BALANCE AS OF THIS STATEMENT -----> -41.90

PAGE 1
H-B-1012

INMATE ACCOUNTS SYSTEM
MONTHLY ACCOUNT STATEMENT

11-02-2000
909S

BATCH #	DATE MO DY YEAR	INMATE NUMBER	NAME LAST	FIRST	MI	OLD BALANCE	
		CS4471	VARGAS	GREGORY	A	-7.94	
BATCH #	DATE MO DY YEAR		TRANSACTION DESCRIPTION			TRANSACTION AMOUNT	BALANCE AFTER TRANSACTION
2406	10-04-2000	37	POSTAGE FOR THE WEEK OF 10/4/00			-2.98	-10.92
2449	10-12-2000	41	MEDICAL MEDICAL CO-PAY			-2.00	-12.92
2456	10-12-2000	37	POSTAGE POSTAGE			-2.98	-15.90
2487	10-19-2000	41	MEDICAL MEDICAL CO-PAY			-4.00	-19.90
2540	10-26-2000	41	MEDICAL CO-PAY			-6.00	-25.90
2565	11-01-2000	41	MEDICAL CO-PAY			-2.00	-27.90
2565	11-01-2000	41	MEDICAL CO-PAY			-2.00	-29.90

NEW BALANCE AS OF THIS STATEMENT -----> -29.90